

CLAIMS ONLY	Application Number <div style="font-size: 1.5em; font-family: cursive;">10/669-499</div>	Filing Date
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
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50	1											
Total												
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Total												
Depend	4											
Total												
Claims	6											

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100						
Total						
Indep	1					
Total						
Depend	5					
Total						
Claims	6					